



Registration and Application for Permit

Mark appropriate box(es) for the tax type(s) you are registering:

☐ Lodging Facility Tax (LFT) ☐ Rental Vehicle Tax (RVT) ☐ Withholding Tax (WTH)

1. <input type="checkbox"/> Federal ID No. _____			
<input type="checkbox"/> Social Security No. _____			
2. Enter date you are starting business _____		4. DBA _____	
3. Legal Owner's Name _____			
5. Legal Business Address (must be a street address) _____			
City _____		State _____	Zip Code _____
6. Mailing Address _____			
City _____		State _____	Zip Code _____
7. Contact Person _____		Phone _____	FAX No. _____ E-mail _____
8. Type of Business (check all that apply)			
<input type="checkbox"/> Individual	<input type="checkbox"/> Partnership	<input type="checkbox"/> LLP	LLC (check one below)
<input type="checkbox"/> Sub S Corp.	<input type="checkbox"/> "C" Corporation	<input type="checkbox"/> Government	<input type="checkbox"/> Member Managed
	<input type="checkbox"/> Agricultural		<input type="checkbox"/> Manager Managed
9. Reason for application: (Check applicable box and complete section below if indicated. See instructions on back.)			
<input type="checkbox"/> Started new business	<input type="checkbox"/> Purchased existing business	<input type="checkbox"/> Re-registration	<input type="checkbox"/> Other (Please attach explanation)

All registrants complete the following sections as required:

10. Complete this section for individual business.	Owner Name _____	SS# _____	Phone _____
11. Complete this section if business is a partnership, LLC, LLP, Sub S. corporation or C. corporation. (attach additional pages if necessary) See instructions on back.	President or Partner _____	SS# _____	Phone _____
	Secretary or Partner _____	SS# _____	Phone _____
	Treasurer or Partner _____	SS# _____	Phone _____
12. Complete this section if you purchased an existing business.	Previous Business Name _____	Date Acquired _____	
	Previous Owner(s) _____		
13. (LFT and RVT only) Complete this section for each location. (attach additional pages if necessary). See instructions on back.	Doing Business as (DBA) Name _____		
	DBA Business Address (physical location) _____		
	City _____	State _____	Zip Code _____ County _____
	Contact Person _____		Phone _____
	Nature of Business _____		
	Are you a seasonal business? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	If yes, what months are you in operation? _____		
Is this facility within city limits? <input type="checkbox"/> Yes <input type="checkbox"/> No			

Registration Instructions

- Item 1** List federal identification number or social security number as used to report to the Internal Revenue Service.
- Item 2** Enter the date you started business. For withholding purposes, the date employees started work.
- Items 3-6** Please enter the legal name and address information associated with the federal identification number or social security number listed (as reported to the Internal Revenue Service). Include any DBA names.
- Item 7** List the person that you wish contacted for questions concerning your accounts with the Department of Revenue.
- Item 8** Select the type of business entity you are registering.
- Item 9** Enter the reason for your registration.
- Item 10** Complete the section only if you are the sole-proprietor of the business.
- Item 11** List all partners or corporate officers.
Attach additional pages if necessary.
- Item 12** Complete only if you purchased an existing business.
- Item 13** Complete this section for LFT or RVT registration only. Provide the information in Item 13 for each and every location your business is operating. Attach additional pages if necessary.

Mail completed form to:
Business Registration
Montana Department of Revenue
PO Box 5805
Helena, MT 59604

Phone: (406) 444-6900
Fax: (406) 444-0750

Attention New Montana Accommodations

The Montana Promotion Division of the Department of Commerce (Travel Montana) provides complete listings of Montana accommodations, both in print and electronic format, to the consumer. These listings are done as a service to your business and the consumer. There is no cost to be listed.

Do you want the Department of Revenue to release your Lodging Facility Tax information and account ID number to the Montana Promotion Division for the purpose of being listed in "Travel Montana"? Yes___ No___

Signature

Date